

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90011 049 ***150.00

DOCUMENT # P97000037531			
1. Entity Name ROLOED CORPORATION			
Principal Place of Business 1864 S.W. 8TH STREET MIAMI, FL 33135 US		Mailing Address 4315 NW 7TH ST #51 MIAMI, FL 33126 US	
2. Principal Place of Business 701 SW 27 AVE Suite, Apt. #, etc. # G5		3. Mailing Address 701 SW 27 AVE Suite, Apt. #, etc. # G5	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33135 Country USA		Zip 33135 Country USA	
4. FEI Number 65-0750190		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SANCHEZ, CARLOS M 1696 SW 27 AVE. MIAMI, FL 33135		7. Name and Address of New Registered Agent Name <u>SANCHEZ, CARLOS M</u> Street Address (P.O. Box Number is Not Acceptable) <u>701 SW 27 AVE # G5</u> City <u>MIAMI</u> <u>FL</u> Zip Code <u>33135</u>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOLER, LUIS <input type="checkbox"/> Delete 541 SW 51 AVE MIAMI, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTEL, THERINA <input type="checkbox"/> Delete 541 SW 51 AVE MIAMI, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: x		Luis Soler President 02/20/06 (305) 469-0029	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	